



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20180541
July 19, 2018

Mr. Robert K. Rusk
22811 Bramblevine Drive
Magnolia, TX 77355

Dear Mr. Rusk:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek personnel record information pertaining to Benjamin Q. Lancaster. Your request was received in this office on July 18, 2018, has been assigned FOIA correspondence file number CNPC20180541 by this command.

A releasable copy of responsive information is attached. The redacted portions of the released documentation are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Benjamin Q. Lancaster and other identified individuals.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request, you may contact the undersigned at (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at Christopher.a.julka@navy.mil or (703) 697-0031.

5720

PERS 00J6/20180541

July 19, 2018

You may also contact the Office of Government Information Services (OGIS) as they provide a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information, please go to:

<https://www.archives.gov/ogis/about-ogis/contact-information>.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. P. German', with a long horizontal flourish extending to the right.

D. P. GERMAN
FOIA/PA Officer
By direction

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended

1. NAME (Last, First, Middle) LANCASTER, BENJAMIN QUADE		2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN		3. SOCIAL SECURITY NUMBER (b)(6)	
4a. GRADE, RATE OR RANK SA		b. PAY GRADE E2		5. DATE OF BIRTH (YYYYMMDD) (b)(6)	
6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) N/A		7a. PLACE OF ENTRY INTO ACTIVE DUTY HOUSTON, TX			
b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6) TX		8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND RECRUIT TRAINING COMMAND GREAT LAKES, IL			
b. STATION WHERE SEPARATED RECRUIT TRAINING COMMAND GREAT LAKES, IL		9. COMMAND TO WHICH TRANSFERRED N/A			
10. SGLI COVER (b)(6) AMOUNT: \$		11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) DG-9700 Infantry, Gun Crews, and Seamanship Special-ists X			
12. RECORD OF SERVICE		YEAR(S) MONTH(S) DAY(S)			
a. DATE ENTERED AD THIS PERIOD		16 09 07			
b. SEPARATION DATE THIS PERIOD		16 11 16			
c. NET ACTIVE SERVICE THIS PERIOD		00 02 10			
d. TOTAL PRIOR ACTIVE SERVICE		00 00 00			
e. TOTAL PRIOR INACTIVE SERVICE		00 00 00			
f. FOREIGN SERVICE		00 00 00			
g. DEFERRED SERVICE		00 00 00			
h. INITIAL ENTRY TRAINING		00 02 10			
i. EFFECTIVE DATE OF PAYGRADE		16 09 07			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE X		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE X			
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES X NO			
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2187b)		YES X NO			
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC, Chap. 109) (If yes, years of commitment:)		YES X NO			
16. DAYS ACCRUED LEAVE PAID (b)(6)		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION (b)(6)			
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) (b)(6)					
b. NEAREST RELATIVE (Name and address - Include ZIP Code) (b)(6)					
20. MEMBER REQUESTS COPY 5 BE SENT TO (Specify state/locality) (b)(6) OFFICE OF VETERANS AFFAIRS (b)(6)					
a. MEMBER REQUESTS COPY 5 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)					
b. DATE (YYYYMMDD) 20161115					
c. DATE (YYYYMMDD) 20161116					
21. TYPE OF SEPARATION DISCHARGE					
22. SEPARATION AUTHORITY (b)(6)					
23. SEPARATION CODE (b)(6)					
24. REENTRY CODE (b)(6)					
25. NARRATIVE REASON FOR SEPARATION (b)(6)					
26. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) (b)(6)					
30. MEMBER REQUESTS COPY 4 (Initials) (b)(6)					

ENLISTMENT/REENLISTMENT DOCUMENT ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3259, 3262, 3263, 3265, 3266, 3267, 3268, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 332; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) LANCASTER BENJAMIN QUADE		2. SOCIAL SECURITY NUMBER (b)(6)	
3. HOME OF RECORD (City, County, State, Country, ZIP Code) (b)(6) TX (b)(6)		4. PLACE OF ENLISTMENT/REENLISTMENT (MIL. Installation, City, State) HOUSTON MEPS HOUSTON, TX 77052-0000	
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20160614	6. DATE OF BIRTH (YYYYMMDD) (b)(6)	7. PREV MIL SVC UPON ENL/REENLIST	YEARS MONTHS DAYS
		a. TOTAL ACTIVE MILITARY SERVICE	
		b. TOTAL INACTIVE MILITARY SERVICE	

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) NAVAL RESERVE
this date for 8 years and 0 weeks beginning in pay grade E-1 of which
4 years and 0 weeks is considered an Active Duty Obligation, and 4 years and
0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial
enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate
authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/
reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe)
A

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the
United States (list branch of service) NAVY for a period not to exceed
365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in
a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not
limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I
understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However,
I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation
described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my
recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I
WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) 20160907 0530
for enlistment in the Regular component of the United States (list branch of service) NAVY
for not less than 4 years and 0 weeks.

b. REMARKS: (If none, so state.) NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE
ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**
(Initials of Enlistee/Reenlistee) Biometrically Signed

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES:

I understand that many laws, regulations, and military customs will govern my conduct and require me to do things under this agreement that a civilian does not have to do. I also understand that various laws, some of which are listed in this agreement, directly affect this enlistment/reenlistment agreement. Some examples of how existing laws may affect this agreement are explained in paragraphs 10 and 11. I understand that I cannot change these laws but that Congress may change these laws, or pass new laws, at any time that may affect this agreement, and that I will be subject to those laws and any changes they make to this agreement. I further understand that:

a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. As a member of the Armed Forces of the United States, I will be:

- (1) Required to obey all lawful orders and perform all assigned duties.
 - (2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.
 - (3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.
 - (4) Required upon order to serve in combat or other hazardous situations.
 - (5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.
- b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces REGARDLESS of the provisions of this enlistment/reenlistment document.

10. MILITARY SERVICE OBLIGATION, SERVICE ON ACTIVE DUTY AND STOP-LOSS FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. Any part of that service not served on active duty must be served in the Reserve Component of the service in which I have enlisted. If this is a reenlistment, I must serve the number of years specified in this agreement, unless I am sooner discharged or otherwise extended by the appropriate authority. Some laws that affect when I may be ordered to serve on active duty, the length of my service on active duty, and the length of my service in the Reserve Component, even beyond the eight years of my Military Service Obligation, are discussed in the following paragraphs.

b. I understand that I can be ordered to active duty at any time while I am a member of the DEP. In a time of war, my enlistment may be extended without my consent for the duration of the war and for six months after its end (10 U.S.C. 606, 12103(c)).

c. As a member of a Reserve Component of an Armed Force, in time of war or of national emergency declared by the Congress, I may, without my consent, be ordered to serve on active duty, for the entire period of the war or emergency and for six (6) months after its end (10 U.S.C. 12301(a)). My enlistment may be extended during this period without my consent (10 U.S.C. 12103(c)).

d. As a member of the Ready Reserve (to include Delayed Entry Program), in time of national emergency declared by the President, I may, without my consent, be ordered to serve on active duty, and my military service may be extended without my consent, for not more than 24 consecutive months (10 U.S.C. 12302). My enlistment may be extended during this period without my consent (see paragraph 10g).

e. As a member of the Ready Reserve, I may, at any time and without my consent, be ordered to active duty to complete a total of 24 months of active duty, and my enlistment may be extended so I can complete the total of 24 months of active duty, if:

- (1) I am not assigned to, or participating unsatisfactorily in, a unit of the Ready Reserve; and
- (2) I have not met my Reserve obligation; and
- (3) I have not served on active duty for a total of 24 months (10 U.S.C. 12308).

f. As a member of the Selected Reserve or as a member of the individual Ready Reserve mobilization category, when the President determines that it is necessary to augment the active forces for any operational mission or for certain emergencies, I may, without my consent, be ordered to active duty for not more than 365 days (10 U.S.C. 12304). My enlistment may be extended during this period without my consent (see paragraph 10g).

g. During any period members of a Reserve component are serving on active duty pursuant to an order to active duty under authority of 10 U.S.C. 12301, 12302, or 12304, the President may suspend any provision of law relating to my promotion, retirement, or separation from the Armed Forces if he or his designee determines I am essential to the national security of the United States. Such an action may result in an extension, without my consent, of the length of service specified in this agreement. Such an extension is often called a "stop-loss" extension (10 U.S.C. 12305).

h. I may, without my consent, be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserves, my enlistment may be extended until I perform that additional duty, but not for more than six months (10 U.S.C. 10148).

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

(Initials of Enlistee/Reenlistee) Biometrically Signed

(b)(6)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
LANCASTER BENJAMIN QUADE	(b)(6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.

b. SIGNATURE OF ENLISTEE/REENLISTEE

(b)(6)

c. DATE SIGNED (YYYYMMDD)

Biometrically Signed

20160614 12:07:26

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

GS-5

d. UNIT/COMMAND NAME

USN RECRUITING DISTRICT

e. SIGNATURE

(b)(6)

f. DATE SIGNED

(YYYYMMDD)

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

Biometrically Signed

20160614 12:07:26

HOUSTON

TX 77052

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, BENJAMIN QUADE LANCASTER

do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend

the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____

In the _____ National Guard and as a Reserve of the United States (list branch of service)

with membership in the _____

National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE/REENLISTEE

(b)(6)

b. DATE SIGNED (YYYYMMDD)

Biometrically Signed

20160614 14:30:32

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-3

d. UNIT/COMMAND NAME

HOUSTON MEPS

e. SIGNATURE

(b)(6)

f. DATE SIGNED

(YYYYMMDD)

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

Biometrically Signed

20160614 14:30:32

HOUSTON

TX 77052

Signature of Enlistee/Reenlistee

Biometrically Signed

DD FORM 4/2, OCT 2007

PREVIOUS EDITION IS OBSOLETE.

(b)(6)

(b)(6)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)

LANCASTER BENJAMIN QUADE

SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE

(b)(6)

F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) NAVY for a period of 4 years and 0 weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) A

which replace(s) Annex(es) _____

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAMER (b)(6)

Biometrically Signed

c. DATE SIGNED (YYYYMMDD)

20160907 09:46:51

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in Item 8 and is accepted for enlistment in the Regular

Component of the United States (list branch of service) NAVY In pay grade E-2

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE
GS-5

d. UNIT/COMMAND NAME
USN RECRUITING DISTRICT

e. SIGNATURE

(b)(6)

f. DATE SIGNED
(YYYYMMDD)

20160907 09:46:51

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

HOUSTON
TX 77052-

Biometrically Signed

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, BENJAMIN QUADE LANCASTER

, do solemnly swear (or affirm) that I will support and defend

the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same;

and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to

regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE

(b)(6)

c. DATE SIGNED (YYYYMMDD)

Biometrically Signed

20160907 12:21:24

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE
O-3

d. UNIT/COMMAND NAME
HOUSTON MEPS

e. SIGNATURE

(b)(6)

f. DATE SIGNED
(YYYYMMDD)

20160907 12:21:24

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

HOUSTON
TX 77052-

Biometrically Signed

(Initial of Enlistee/Reenlistee) Biometrically Signed

DD FORM 413, OCT 2007

PREVIOUS EDITION IS OBSOLETE.

(b)(6)

Enlistment Guarantees

COMNAVCUITCOMINST 1130.8J

Name (LAST, FIRST, MIDDLE, JR., ETC.)

LANCASTER, BENJAMIN, QUADE

Social Security Number

(b)(6)

1. ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy (Active) Component, I hereby acknowledge that I am enlisting for a total Military Service Obligation (MSO) of 8 years. I fully understand and acknowledge that my MSO consists of an active duty obligation of 5 years as indicated in the options listed below with the remaining 36 months of my MSO served in the Individual Ready Reserve (IRR). I understand my contract has the following guaranteed options which require the indicated active duty service obligation(s):

Option 1	QUARTERMASTER (QM/5YO) CLASS "A" SCHOOL GUARANTEE (T+X) requires 4 years active duty obligation and a voluntary extension of 12 months to meet the rating, school, and program guarantee active duty obligation requirement and a voluntary extension of N/A months to meet the enlistment bonus requirement.	
Option 2	N/A	N/A
Option 3	N/A	N/A
Option 4	N/A	

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological, and academic requirements of the options guaranteed in the above section, and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the guaranteed options specified above. If, during the periodic reviews of my eligibility, I am found no longer eligible for the options listed above because of information I provided in my enlistment application; because of a physical or psychological disqualification; or because of some reason that is not due to my fault, negligence, or conduct, I may choose to be reclassified for an enlistment training program for which I'm qualified and a vacancy exists. In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the guaranteed options specified above because of some reason that is due to my fault, negligence, or conduct or if I am disenrolled for any other reason not specified in paragraphs 2 and 3, then I lose that guarantee and, at the Navy's option, remain subject to continued Naval service. I also understand that if I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or any enlistment incentive, I may incur additional service as required by regulation. The Navy may, at its option, discharge me in accordance with law and regulation.

5. Place your initials in the applicable blocks:

I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting and the Statement(s) of Understanding required.	BOY
I understand that in order to receive the enlistment bonus option that I must remain qualified and serve in the rating/program listed in Option 1.	N/A
I understand that I may waive my homeport option while at recruit training and become eligible for assignment at the needs of the Navy. If I accept reclassification to another enlistment training program for any reason, then I understand the homeport guarantee option becomes null and void.	N/A

(b)(6)

USN

Jun 14, 2016

(b)(6)

LANCASTER, BENJAMIN, QUADE

Jun 14, 2016

PRIVACY ACT NOTIFICATION This document contains information covered under the Privacy Act of 1974, 5 USC 552a and its various implementing regulations and must be protected in accordance with those provisions. You, the recipient/user, are obliged to maintain it in a safe, secure and confidential manner. Re-disclosure without consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality subjects you to application of appropriate sanctions. If you have received this correspondence in error, please notify the sender immediately and destroy any copies you have made.

Annex

A

to DD Form 4 dated Jun 14, 2016

NAVCUIT 1133/52

(Rev 01-2016)

For Official Use Only - Privacy Sensitive